

PEROXIDE TEST

Container # _____

Initial	ppm	Date
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____

STABILIZED: on (date) _____
Peroxide conc. before: _____
after: _____
Stabilizer/inhibitor: _____

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